

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27545
Registrar's No. 3203

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County. Jackson
(b) City or town. Kansas City
(c) Name of hospital or institution: Kansas City 3200 N. Dodge
(d) Length of stay: In hospital or institution 14 days
In this community 14 days

3. (a) PRINT FULL NAME

Mrs. SODIE MILLER

3. (b) If veteran, name war. No

3. (c) Social Security No. 760

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Divorced
6. (b) Name of husband or wife. JACKSON 6. (c) Age of husband or wife if alive. 27 years
7. Birth date of deceased Dec 27 1869

8. AGE: Years 76 Months 7 Days 27 If less than one day hr. min.

9. Birthplace. Joplin (City, town, or county) U (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business

12. Name. Don't know
13. Birthplace. (City, town, or county) (State or foreign country)
14. Maiden name. Don't know
15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant. Paul Malley
(b) Address. 109 N. Jackson Kansas City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26, 1941
(c) Place: burial or cremation. Burlingame Kansas

18. (a) Signature of funeral director. M. M. Brown
(b) Address. 104 West 42nd
19. (a) 8/24/41 (b) M. M. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Kansas (b) County. Osage
(c) City or town. Burlingame
(d) Street No. 5th Seward Ave.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 41 hour 15 minute P.M.
21. I hereby certify that I attended the deceased from 8-17-41 to 8-24-41, 1941, that I last saw him alive on 8-23-41 and that death occurred on the date and hour stated above.
Immediate cause of death.

Due to Cerebral hemorrhage

Due to Hypertension
Other conditions 83A
(Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).
(b) Date of occurrence.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.

23. Signature. M. M. Brown (M. D. or other) Address. 3200 N. Dodge Date signed 8/24/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Clarence W. Chiles

Licensed Embalmer No.

3473

P. O. Address.....

36 e mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.